

State of Washington — Employment Security Department
Notice To Employer - Claimant's Separation Statement

IMPORTANT: The following claimant has filed a claim for unemployment insurance benefits and has listed you as one of the last employers. **Please review to prevent improper payments.**

If the claimant's statement below says "lack of work" or "reduced hours due to lack of work" and you agree, you can disregard this statement. **If the separation is anything other than "lack of work", please complete and return this form and any other relevant documents by mail or fax. In our decision, we will consider any facts you provide.**

If we do not hear from you, benefits may be allowed based on available information.

This form must be returned by → → → → → 7/23/2010. Mailed on: 7/08/2010.

**BUSINESS NAME
ADDRESS**

CITY STATE AND ZIP

Return Address:

Employment Security Department
VOICE: 1-(877)XXX-XXXX
Unemployment Insurance Imaging
P.O. Box 19019
Olympia, WA 98507-0019
Fax#: 1-800-301-1796

TC: 770 BYE: 07/09/2011 Name: Jane B. Doe

SSN: 000121234 SEQ: 000

Date Began: 1/10/2008

Last day worked: 07/05/2010

Date of Separation: 07/05/2010

Claimant's separation reason: **LACK OF WORK**

**Don't return
this form if
you agree.**

Employer's Statement:

Began: _____ Last Worked: _____ Date Separated: _____ Pay Rate: \$ _____ per (hour/day/etc.) _____

Payments: Pay in lieu of notice: \$ _____ Vacation pay: \$ _____ Accrued: \$ _____ Holiday Pay: \$ _____

Claimant's Job Title/Occupation: _____

Check one and explain if separation is other than lack of work or reduced hours due to lack of work: ☐ Quit ☐ Fired
☐ Did not meet standards ☐ Labor Dispute ☐ Other (explain) _____

I will have more work on _____. I would like this person on standby ☐ Yes ☐ No. If yes, dates: Mo. ____ Day ____ Yr. ____.

(NOTE: Standby can only be granted when the claimant has a definite return to work date that is within four weeks. An employer can request an additional four weeks for a maximum of eight weeks per claim. Claimants on standby are not required to seek work, but are required to accept any suitable work you offer.)

Quit Information:

1. What reason did the claimant give for quitting on the last day? _____
2. Did the claimant state he/she quit for one or more of the following reasons (check all that apply):
 - ☐ Quit to accept a new offer of work?
 - ☐ Quit due to illness or disability of: ☐ self or ☐ family member? If yes, was medical verification provided? ☐ Yes or ☐ No.
Is the claimant eligible for reinstatement? ☐ Yes or ☐ No.
 - ☐ Quit to relocate due to spouse/domestic partner's transfer for: ☐ existing job; ☐ new job; or ☐ military transfer?
 - ☐ Quit due to domestic violence or stalking of ☐ self or ☐ family member?
 - ☐ Reduction in pay and/or fringe benefits? If yes, by what percentage? _____. Was the reduction: ☐ permanent or ☐ temporary?
 - ☐ Reduction in hours of work? If yes, by what percentage? _____. Was the reduction: ☐ permanent or ☐ temporary?
 - ☐ Relocation of work site or modification to his/her shift or schedule? If yes, was the relocation: ☐ permanent or ☐ temporary?
 - ☐ Alleged safety violations at the work site? If yes, was the violation reported to you? ☐ Yes or ☐ No
 - ☐ Alleged illegal activities at the work site? If yes, was the problem reported to you? ☐ Yes or ☐ No
 - ☐ Religious or moral reasons due to a change in customary job duties? If yes, what was the change? _____
 - ☐ Quit to enter an apprenticeship training program?
 - ☐ Other?

Please provide specific details relating to the reason(s) checked (i.e., if change was temporary, until what date, etc.): _____